PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0551-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number FEE TRANSMITTAL Complete if known Application Number 09/692,556 For FY 2005 Filing Date 10/19/2000 Fee pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). First Named Inventor Venkatesh et al. Examiner Name Lun S. Lao olicant cla small entity status. See 37 CFR 1.27 Art Unit 2644 TOTAL AMOUNT OF PAYMENT 130 Attorney Docket No. 82247 ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): □ Deposit Account: Deposit Acct. Number: ______ 13-0005 __ Deposit Acct. Name: MacMillan, Sobanski, & Todd, LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge fee(s) indicated below, except the filing fee to the Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 above-identified deposit Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES Application Type Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 **Plant** 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 n **EXCESS CLAIM FEES** Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _ - 3 or HP = HP = highest number of total claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee Paid (\$) Fee (\$) _ - 100 = / 50 = (round up to a whole number) OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Fee Code 1814 = \$130.00 SUBMITTED BY (Complete (if applicable)

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Mark L. Mollon

Registration No.

(Attorney/Agent)

31,123

Telephone (734) 542-0900

September 19, 2005

Date